

ASSIGNMENT

Surveyor:

Taufikh

DOI:

26/10/2021

Date / Time :

26/10/2021

Registered in Merimen:

26/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMY 8984Y**

Claim No. : _____

Name of Insured : **GRAB RENTALS PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/10/2021**

Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age :OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. :

(V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SHD 1265E**INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC		
			Non-Reporting ltr (1st):			
			Non-Reporting ltr (2nd):			
			Non-Reporting ltr (Final):			
			Notification ltr (if non-pickup):			
			Call OI:			
			After call ltr to OI:			
			Documentation Check List:	Handler		
			Notification ltr (if non-pickup)	☐		
			After call ltr to OI:	☐		
			Authorisation To Act:	☐		
			Release Voucher:	☐		
			Final Repair Bill:	☐		
			Car Rental Invoice:	☐		
			Towing Invoice	☐		
			LTA / GIA :	☐		
			Medical Bill:	☐		
			PIR:	☐		
			Mandate/Reject Instruction:	☐		
			LOD	☐		
			Payment Breakdown Form:	☐		
PRELIMINARY ADVICE Date/Time:			Post-Repair Photos:	☐		
Sent By:			Others:	☐		
FINALIZATION Date/Time:			Confirm by:			
Repair Cost:	S\$	(days) Reduction:	%	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time:			Confirm with			
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		Email ☐ Cal ☐		
Repair Cost:	S\$	If NO or B 28, Ass. Lia :				
Loss of Rental (LOR):	S\$	(days)				
Loss of Use (LOU):	S\$	(\$ x days)				
Loss of Income (LOI):	S\$	(\$ x days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]					
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)				
Legal Cost	S\$					
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT Date/Time:			Confirm with			
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				